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or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

DLN: 93491134039338

2017

Open to Public Inspection

Form 990-PF **Return of Private Foundation** Department of the Treasury

Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

		ndar year 2017, or tax year beginning 01-01-20)17 , ar	nd ending 12-31		
		undation 5 AND HELEN H CARDON FOUNDATION		A Employer (20-2029087	dentification numbe	r
Num	ber and	d street (or P O box number if mail is not delivered to street address)	Room/suite	P Tolophone r	umber (see instructio	ns)
1	663 DE	VONSHIRE DRIVE		(801) 884-805	umber (see instructio 51	115)
		n, state or province, country, and ZIP or foreign postal code CITY, UT 84108		C If exemption	n application is pendin	g, check here
G (neck al	Il that apply	former public charity	D 1. Foreign o	rganizations, check h	ere \Box
u c.	icek ui	☐ Final return ☐ Amended return	former public chartey	_	organizations meeting	▶ ⊔
		Address change Name change			ck here and attach co	
H C	aeck ty	/pe of organization ✓ Section 501(c)(3) exempt private	foundation		oundation status was	
_	· ·		e private foundation	under secti	on 507(b)(1)(A), chec	ck here
			Cash Accru	F If the found	dation is in a 60-mont	h tormination
of	year <i>(f</i>	from Part II, col (c), \$\square\$ 26,075,220 \text{Other (specify)} \\ (Part I, column (d) must			on 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	1,000,078			
	2	Check ▶ ☐ If the foundation is not required to attach Sch B				
	3	Interest on savings and temporary cash investments	8,211	8,21	1	
	4	Dividends and interest from securities	129,173	129,17	3	
	5a	Gross rents				
	Ь	Net rental income or (loss)				
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	1,832,645			
Revenue	ь	Gross sales price for all assets on line 6a1,984,840				
ă	7	Capital gain net income (from Part IV, line 2)		1,832,64	5	
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	C	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	Total. Add lines 1 through 11	2,970,107	1,970,02	9	
	13	Compensation of officers, directors, trustees, etc	0		0	C
	14	Other employee salaries and wages				
es	15	Pension plans, employee benefits				
sue	16a	Legal fees (attach schedule)				
Expenses	b	Accounting fees (attach schedule)	5,072		0	С
	C	Other professional fees (attach schedule)				
and Administrative	17	Interest				
Stra	18	Taxes (attach schedule) (see instructions)	19,700		0	С
ੂ	19	Depreciation (attach schedule) and depletion				
Ę	20	Occupancy				
ΨĐ	21	Travel, conferences, and meetings				
a	22	Printing and publications				
ыd	23	Other expenses (attach schedule)				
Operating	24	Total operating and administrative expenses. Add lines 13 through 23	24,772		0	C
Ор	25	Contributions, gifts, grants paid	922,200			922,200
	26	Total expenses and disbursements. Add lines 24 and	,			,
_	L	25	946,972		О	922,200
	27	Subtract line 26 from line 12				
	а	Excess of revenue over expenses and disbursements	2,023,135			
	b	Net investment income (if negative, enter -0-)		1,970,02	9	ļ
	C	Adjusted net income(if negative, enter -0-)	İ	I	1	1

	1	Cash—non-interest-bearing	1,902,551	2,402,820	2,402,820
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	42,659	22,959	22,959
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	16,330,130	17,251,729	23,649,441
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe 🕨)			
	Less allowance for Grants receivable Receivables due from disqualified person Other notes and lower Less allowance for Sale Prepaid expenses and Investments—Corp Investments—Corp Investments—Corp Investments—In	Total assets (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	18,275,340	19,677,508	26,075,220
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ger	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe >)			
	23	Total liabilities(add lines 17 through 22)	0	0	

Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 18,275,340 19,677,508

Net Assets or Fund Balances 25 Temporarily restricted Permanently restricted . 26 Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.

18,275,340

18,275,340

19,677,508

19,677,508

1 2

3

4

5

6

18,275,340

2,023,135

20,298,475

19,677,508

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620,967

27

28

29

30

31 Part III

2

3

4

5

Capital stock, trust principal, or current funds . . .

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances (see instructions) . . .

(a)

	the kind(s) of property sold (e g , rea ehouse, or common stock, 200 shs		P—Purchase D—Donation	Date acquired (mo , day, yr)	Date sold (mo , day, yr)
1 a ANALOG DEVICES INC			P	2017-03-14	2017-03-15
b LINEAR TECHNOLOGY C	0		P	2011-09-01	2017-03-14
c CAPITAL GAINS DIVIDE			P		
d					
<u>е</u>					
(e) Gross sales price	Cost or	(g) Cost or other basis plus expense of sale		h) or (loss) on minus (g)	
a	28		28		0
b 3!	52,365		152,167		200,198
c 1,63	32,447				1,632,447
d					
e					
Complete only for asset	s showing gain in column (h) and owi	ned by the foundation	on 12/31/69	(Ί)
(i) F M V as of 12/31/69	(j)	Excess	(k) of col(ı) (յ), ıf any	Gains (Col (col (k), but not	h) gain minus less than -0-) or om col (h))
a					0
b					200,198
c					1,632,447
d					
e					
	gain or (loss) as defined in sections 1 art I, line 8, column (c) (see instructions 1	ons) If (loss), enter -0	·	3	1,832,645
Part V Qualification	Under Section 4940(e) for Re	duced Tax on Net	Investment In	come	
	private foundations subject to the sec				
f section 4940(d)(2) applies, l	•	cion +5+o(a) tax on he	et investment incom	e)	
Vas the foundation liable for t	ne section 4942 tax on the distributat		ın the base period?	,	es 🔽 No
	ot qualify under section 4940(e) Do mount in each column for each year,		making any entries		
(a) Base period years Calendar	(b)	(c)	- 1	(d) Distribution rat	10
year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitab	le-use assets	(col (b) divided by o	
2016	719,871		18,569,021		0 038767
2015	600,600		15,262,394		0 039352
2014	486,712		12,169,018		0 039996
2013	374,600		9,920,077		0 037762
2012	273,026		7,574,956		0 036043
2 Total of line 1, column ((d)		2		0 191920
number of years the fou	o for the 5-year base period—divide t ndation has been in existence if less t	han 5 years	, or by the		0 038384
	oncharitable-use assets for 2017 from	Part X, line 5	4	ļ	23,254,665
5 Multiply line 4 by line 3			5	ļ	892,607
6 Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		19,700
7 Add lines 5 and 6			7		912,307
8 Enter qualifying distribut	tions from Part XII, line 4 ,		8		922,200
	eater than line 7, check the box in Pa	rt VI, line 1b, and com	plete that part usin	g a 1% tax rate Se	e the Part VI
instructions					orm 990-PF (2017)
				T.	Jilli Joy FI (∠UI/)

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

	Information About Officers, D	Directors Trustees	Foundation Managers	Highly Paid Employees
Dart VIII	Initiation About Officers, L	Directors, Trustees,	i oundation managers,	ringing raid Employees,
Lair Attr	and Contractors			

1 List all officers, directors, truste	oc fo	undation managers and	their compensation /	see instructions)	
(a) Name and address		Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
HELEN H CARDON		IDENT/DIRECTOR	0	'	(
1663 DEVONSHIRE DRIVE SALT LAKE CITY, UT 84108	1 00				
JEFFREY S CARDON	SECR	ETARY/TREASURER/DIRECT	0	0	C
1663 DEVONSHIRE DRIVE SALT LAKE CITY, UT 84108	1 00				
JANE H MASON	DIRE	CTOR	0	0	
117 AUDUBON PLACE	1 00				
HAILEY, ID 83333 2 Compensation of five highest-pa	id en	nployees (other than the	 ose included on line 1-	 -see instructions). If non	 e, enter "NONE."
(a) Name and address of each employee pa more than \$50,000		Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit	Expense account, (e) other allowances
NONE					
Total number of other employees paid ov					(
3 Five highest-paid independent co					
(a) Name and address of each person NONE	n paid	d more than \$50,000	(b) Type	of service	(c) Compensation
NONE					
Total number of others receiving over \$50	0,000	for professional services.			(
Part IX-A Summary of Direct (
List the foundation's four largest direct charitable organizations and other beneficiaries served, con	e activi Iferenc	ities during the tax year Includes ses convened, research papers	de relevant statistical informa produced, etc	ation such as the number of	Expenses
1 N/A					0
2					
3					
4					
		elated Investments (· · · · · · · · · · · · · · · · · · ·		
Describe the two largest program-related inve	estmer	nts made by the foundation du	ring the tax year on lines 1 a	nd 2	Amount
1					
2					
All abban and green and the last	C -	na aborration -			
All other program-related investments 3	>ee	instructions			
<u>-</u>					
Total. Add lines 1 through 3 .			· · · · · · · · ·		

1a

1b

2

3a 3h

4

5

922,200

922,200

19,700

902.500

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Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

3,812

1.139,221

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0

(d)

2017

Page 9

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Part XIII	Undi

Undistributed Income (see instruc	Undistributed Income (see instructions)					
utable amount for 2017 from Part XI, line 7						
buted income if any as of the end of 2017						

(a)

Corpus

0

0

(b)

Years prior to 2016

(c)

2016

918,388

918,388

1	Distributable amount for 2017 from Part XI, line 7
2	Undistributed income, if any, as of the end of 2017
а	Enter amount for 2016 only
b	Total for prior years 20 , 20 , 20

- Excess distributions carryover, if any, to 2017
- a From 2012. **b** From 2013. . . . c From 2014. . . d From 2015. e From 2016.
- f Total of lines 3a through e.
- 4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$
- a Applied to 2016, but not more than line 2a
- **b** Applied to undistributed income of prior years (Election required—see instructions).

same amount must be shown in column (a))

c Treated as distributions out of corpus (Election

5 Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018

(If an amount appears in column (d), the

6 Enter the net total of each column as

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2012 not

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . . c Excess from 2015. . . . **d** Excess from 2016. . . . e Excess from 2017. . .

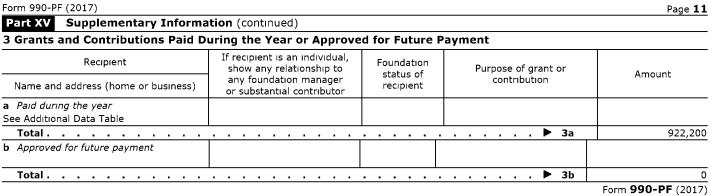
applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

indicated below:

d Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

NONE



ter gross	amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
	and contracts from government agencies					
	rship dues and assessments store on savings and temporary cash					
ınvesti	ments			14	8,211	
	ds and interest from securities tal income or (loss) from real estate			14	129,173	
	inanced property					
b Not de	ebt-financed property					
Net re	ntal income or (loss) from personal property					
	vestment income					
	r (loss) from sales of assets other than			18	1,832,645	
	ome or (loss) from special events			10	1,032,013	
Gross p	rofit or (loss) from sales of inventory					
	evenue a					
C		1				
d						
d e	Add columns (b), (d), and (e).		0		1,970,029	
d e Subtota Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0	13	1,970,029	
de Subtota Total. /	Add columns (b), (d), and (e).	lations)		13		
d e Subtota Total. / (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Adshructions to verify calcul	lations) e Accomplishr income is reported	ment of Exemp	pt Purposes Part XVI-A contribut	Bted importantly to	1,970,029
de Subtota Total. / (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplishr income is reported	ment of Exemp	pt Purposes Part XVI-A contribut	Bted importantly to	1,970,029
de Subtota Total. / (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplishr income is reported	ment of Exemp	pt Purposes Part XVI-A contribut	Bted importantly to	1,970,029
de Subtota Total. / (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplishr income is reported	ment of Exemp	pt Purposes Part XVI-A contribut	Bted importantly to	1,970,029
d Subtota Total. / (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplishr income is reported	ment of Exemp	pt Purposes Part XVI-A contribut	Bted importantly to	1,970,029
de Subtota Total. / (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplishr income is reported	ment of Exemp	pt Purposes Part XVI-A contribut	Bted importantly to	1,970,029
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de Subtota Total. / (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplishr income is reported	ment of Exemp	pt Purposes Part XVI-A contribut	Bted importantly to	1,970,029
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de Subtota Total. / (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplishr income is reported	ment of Exemp	pt Purposes Part XVI-A contribut	Bted importantly to	1,970,029
de Subtota Total. / (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplishr income is reported	ment of Exemp	pt Purposes Part XVI-A contribut	Bted importantly to	1,970,029
de Subtota Total. / (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplishr income is reported	ment of Exemp	pt Purposes Part XVI-A contribut	Bted importantly to	1,970,029

orm 990-P	(2017)							Pa	ge 13
Part XVI	Information Re Exempt Organi		ansfers To	and Transaction	ons and Relat	tionships With Nonc	haritable		
	organization directly or in e Code (other than sectio	directly engag					501	Yes	No
	s from the reporting foun					-			
(1) Cas	sh						1a(1)		No
(2) Oth	ner assets						. 1a(2)		No
b Other tra	ansactions								
(1) Sal	es of assets to a nonchar	ıtable exempt	organızatıon.				. 1b(1)		No
	chases of assets from a r						. 1b(2)		No
	ntal of facilities, equipmer	•					. 1b(3)		No
	mbursement arrangemen						1b(4)		No
	ins or loan guarantees. ormance of services or m						. 1b(5) 1b(6)		No No
٠.	of facilities, equipment, n	•	_				10(6)		No
_	iswer to any of the above		-						110
	oods, other assets, or ser ansaction or sharing arra (b) Amount involved	ngement, show	w ın column (e goods, other a		d	ngemen	ts
describe	undation directly or indire d in section 501(c) of the complete the following si (a) Name of organization	Code (other t	han section 5		tion 527?		. □ Yes	V	No
l IIe	ider penalties of persury	I declare that	I have evam:	ned this return in	-ludina accomp	inving schedules and stat	ements and	to the	hes+
of	nder penalties of perjury, my knowledge and belief nich preparer has any kno ****** Signature of officer or t	i, it is true, cor owledge				ner than taxpayer) is bas		scuss th	n of
		<u> </u>			<u> </u>		,		
Paid	Print/Type preparer's MARY KAY GRIFFIN		Preparer's Si <u>c</u>	gnature	Date	Check if self- employed ▶ □	TN P00185	5675	
Prepare	I IIII 3 Hairie P CD12	Z MHM LLC			-	Fi	m's EIN ▶34	-18785	512

Firm's address ▶ 19 EAST 200 SOUTH STE 1000

SALT LAKE CITY, UT 84111

Phone no (801) 364-9300

Form **990-PF** (2017)

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

HELEN H CARDON

JEFFREY S CARDON

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year 10-07 CHARITABLE FUND NONE CHARITABLE CONTRIBUTION 1,500

OGDEN,UT 84401			
ABILITY FOUND 2324 CONSTITUTION BLVD WEST VALUEY CITY LIT 84119	NONE	CHARITABLE CONTRIBUTION	

569 OGDEN CANYON

/EST VALLEY CITY, UT 84119			
RT ACCESS230 S 500 W ALT LAKE CITY, UT 84101	NONE	CHARITABLE CONTRIBUTION	

LT LAKE CITY, UT 84101	NONE	CHARITABLE CONTRIBUTION	
SISTANCE LEAGUE OF SALT LAKE 50 E 3300 S LT LAKE CITY, UT 84109	NONE	CHARITABLE CONTRIBUTION	

ASSISTANCE LEAGUE OF SALT LAKE 2060 E 3300 S SALT LAKE CITY, UT 84109	NONE	CHARITABLE CONTRIBUTION	
BOYS & GIRLS CLUB OF SALT LAKE CITY	NONE	CHARITABLE CONTRIBUTION	

SALT LAKE CITY, UT 84109			
BOYS & GIRLS CLUB OF SALT LAKE CITY 669 S 200 E 100	NONE	CHARITABLE CONTRIBUTION	
CALT LAVE CITY LIT 04111			

SALT LAKE CITY, UT 84109			
BOYS & GIRLS CLUB OF SALT LAKE CITY 669 S 200 E 100 SALT LAKE CITY, UT 84111	NONE	CHARITABLE CONTRIBUTION	

DYS & GIRLS CLUB OF SALT LAKE CITY 9 S 200 E 100 LT LAKE CITY, UT 84111	NONE	CHARITABLE CONTRIBUTION	62,500
Total		 	922,200

2,000

1,000

3,000

BOYS & GIRLS CLUB OF SALT LAKE CITY	NONE	CHARITABLE CONTRIBUTION	6
669 S 200 E 100 SALT LAKE CITY, UT 84111			

SALT LAKE CITY, UT 84111		
Total	 	922,200

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CALDWELL FAMILY FOUNDATION NONE CHARITABLE CONTRIBUTION 3,000 1773 F HIDDEN VALLEY DR SANDY, UT 84092 LUPUS FOUNDATION OF UTAH NONE CHARITABLE CONTRIBUTION 2,000 455 F 500 S SALT LAKE CITY, UT 84111 NATIONAL ABILITY CENTER NONE CHARITABLE CONTRIBUTION 5.000 000

PO BOX 682799 PARK CITY, UT 84068			5,555
NATURE CONSERVANCY 559 E SOUTH TEMPLE SALT LAKE CITY, UT 84102	NONE	CHARITABLE CONTRIBUTION	1,000
SCHWAB CHARITABLE FUND	NONE	CHARITABLE CONTRIBUTION	230,000

559 E SOUTH TEMPLE SALT LAKE CITY, UT 84102			
SCHWAB CHARITABLE FUND PO BOX 628298 ORIANDO FL 32862	NONE	CHARITABLE CONTRIBUTION	230,0

Total . 922,200 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager recipient or substantial contributor			
a Paid during the year				
THE CHILDREN'S CENTER 5242 S 4820 W KEARNS, UT 84118	NONE		CHARITABLE CONTRIBUTION	30,000
THE NEIGHBORHOOD HOUSE 1050 W 500 S SALT LAKE CITY, UT 84104	NONE		CHARITABLE CONTRIBUTION	113,000
THE TRYALL FUND 641 LEXINGTON AVENUE 29TH FLOOR NEW YORK, NY 10022	NONE		CHARITABLE CONTRIBUTION	1,200
THE UNIVERSITY OF NOTRE DAME UNIVERSITY OF NOTRE DAME NOTRE DAME, IN 46556	NONE		CHARITABLE CONTRIBUTION	50,000
THE UNIVERSITY OF UTAH	NONE		CHARITABLE CONTRIBUTION	282,000

922,200

201 PRESIDENTS CIR SALT LAKE CITY, UT 84112

Total . . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount		
1 . 1	recipient				
NONE		CHARITABLE CONTRIBUTION	15,000		
NONE		CHARITABLE CONTRIBUTION	2,000		
NONE		CHARIABLE CONTRIBUTION	10,000		
NONE		CHARITABLE CONTRIBUTION	500		
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE NONE NONE	If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE NONE NONE	If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE CHARITABLE CONTRIBUTION NONE CHARIABLE CONTRIBUTION CHARIABLE CONTRIBUTION CHARIABLE CONTRIBUTION		

THE HELPER PROJECTMAIN STREET SALT LAKE CITY, UT 84101	NONE	CHARIABLE CONTRIBUTION	10,00
HUNTSMAN CANCER INSTITUTE 2000 CIR OF HOPE DR SALT LAKE CITY, UT 84103	NONE	CHARITABLE CONTRIBUTION	50
INTERNATIONAL RESCUE COMMITTEE	NONE	CHARITABLE CONTRIBUTION	4,00

SALI LAKE CITT, OT 84101			
HUNTSMAN CANCER INSTITUTE 2000 CIR OF HOPE DR SALT LAKE CITY, UT 84103	NONE	CHARITABLE CONTRIBUTION	50
INTERNATIONAL RESCUE COMMITTEE	NONE	CHARITABLE CONTRIBUTION	4,00

SALT LAKE CITY, UT 84103			
INTERNATIONAL RESCUE COMMITTEE NON 221 400 W	ONE	CHARITABLE CONTRIBUTION	4,0

5.12.1 2.1.12 51.1.7 5 1 5 1255			
INTERNATIONAL RESCUE COMMITTEE	NONE	CHARITABLE CONTRIBUTION	4
221 400 W			
SALT LAKE CITY, UT 84110			

INTERNATIONAL RESCUE COMMITTEE	NONE	CHARITABLE CONTRIBUTION	4
221 400 W			
SALT LAKE CITY, UT 84110			

3a

Total		•	922 200
SALT LAKE CITY, UT 84110			
221 400 W			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year KEYSTONE RECOVERY CENTER NONE CHARITABLE CONTRIBUTION 35,000 1159 30TH STREET OGDEN, UT 84403

MALIHEH FREE CLINIC415 E 3900 S SALT LAKE CITY, UT 84107	NONE	CHARITABLE CONTRIBUTION	30,000
JOHN A MORAN EYE CENTER 65 MARIO CAPECCHI DR SALT LAKE CITY, UT 84132	NONE	CHARITABLE CONTRIBUTION	14,000
NATIONAL ALLIANCE ON MENTAL	NONE	CHARITARI E CONTRIBUTION	FOO

SALT LAKE CITY, UT 84132			
NATIONAL ALLIANCE ON MENTAL ILLNESS 1600 W 2200 S 202 WEST VALLEY CITY, UT 84119	NONE	CHARITABLE CONTRIBUTION	500
PEOPLE HELPING PEOPLE205 N 400 W	NONE	CHARITABLE CONTRIBUTION	2,500

Total		 	922.200
PEOPLE HELPING PEOPLE205 N 400 W SALT LAKE CITY, UT 84103	NONE	CHARITABLE CONTRIBUTION	2,50
1600 W 2200 S 202 WEST VALLEY CITY, UT 84119			

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

THE ROAD HOME210 S RIO GRANDE ST SALT LAKE CITY, UT 84101	NONE	CHARITABLE CONTRIBUTION	15,000
NATURAL HISTORY MUSEUM OF UTAH 301 WAKARA WAY SALT LAKE CITY UT 84108	NONE	CHARITABLE CONTRIBUTION	1,000

301 WAKARA WAY SALT LAKE CITY, UT 84108			
/OA HOMLESS YOUTH RESOURCE CENTER 888 400W	NONE	CHARITABLE CONTRIBUTION	

VOA HOMLESS YOUTH RESOURCE CENTER 888 400W SALT LAKE CITY, UT 84101	NONE	CHARITABLE CONTRIBUTION	5,000
YCC FAMILY CRISIS CENTER	NONE	CHARITABLE CONTRIBUTION	500

,			i
YCC FAMILY CRISIS CENTER 2261 ADAMS AVE OGDEN, UT 84401	NONE	CHARITABLE CONTRIBUTION	50
			(

2261 ADAMS AVE OGDEN, UT 84401		ı
Total	 	 922,200

efile GRAPHIC print - DO NOT PRO	CESS As Filed D	ata -	DI	N: 93491134039338
TY 2017 Accounting Fee	s Schedule			_
Accounting Fees Schedule	Name: JEFFREY EIN: 20-20290	S AND HELEN H CA	ARDON FOUNDATIO	N
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	5,072	0		0

DLN: 93491134039338

TY 2017 Investments Corporate Stock Schedule

Name: JEFFREY S AND HELEN H CARDON FOUNDATION

EIN: 20-2029087

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EXPEDITORS INTL	179,328	414,016
WASATCH INTL OPP	945,091	1,324,255
WASATCH INTL GRTH	300,000	481,538
WASATCH MICRO CAP	1,052,946	1,236,679
WASATCH SMALL CAP GR	9,733,004	11,551,920
WASATCH SMALL CAP VL	400,000	704,908
WASATCH EMRG INDIA FD	500,000	1,248,603
WASATCH EMRG MKT SLCT	500,000	570,838
WASATCH EMRG MKT SMALL	511,490	605,977
APPLE INC	42,930	93,415
BERKSHIRE HATHAWAY	42,186	88,406
BOEING CO	3,921	16,220
CUMMINS INC	12,108	23,670
DR PEPPER SNAPPLE GP	150,137	380,961
ELI LILLY & COMPANY	14,578	29,561
EXPRESS SCRIPTS HLDG	35,193	44,709
GENUINE PARTS CO	163,758	277,429
INTEL CORP	171,486	383,128
JOHNSON & JOHNSON	167,494	357,683
MICROCHIP TECHNOLOGY	120,322	406,445
PAYCHEX INC	150,057	381,248
PEPSICO INCORPORATED	150,808	281,812
VERIZON COMMUNICATION	150,529	222,306
ALPHABET INC	2,292	8,427
ALTRIA GROUP INC	18,366	39,633
ANALOG DEVICES	103,936	111,555
COGNIZANT TECH SOLU	29,234	66,759
JPMORGAN CHASE & CO	16,854	41,172
MICROSOFT CORP	16,773	46,192
NETEASE INC	5,231	27,606

Name of Stock	End of Year Book Value	End of Year Fair Market Value
NEXTERA ENERGY INC	15,829	37,486
PHILLIPS 66	34,265	111,265
PRICELINE GROUP	12,559	33,017
RAYTHEON COMPANY	10,893	38,509
SYSCO CORPORATION	150,340	327,942
TECHTRONIC INDUSTRY	17,668	44,004
TENCENT HOLDINGS	5,399	48,026
VARIAN MEDICAL SYSTEM	20,159	42,793
VISA INC	15,773	49,257
3M COMPANY	13,350	35,306
WASATCH GLOBAL VALUE FD	1,265,442	1,414,765

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491134039338	
TY 2017 Other Decreases Schedule				
Name: JEFFREY S AND HELEN H CARDON FOUNDATION				
EIN: 20-2029087				
De	escription		Amount	
BUILT IN GAIN ON STOCK DONATIONS			620,967	

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data	-	DLI	N: 93491134039338
TY 2017 Taxes Schedule					
	Name:	JEFFREY S A	ND HELEN H CARI	OON FOUNDATION	V
	EIN:	20-2029087			
Category	Ar	nount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER TAXES		19,700	0		0

efile GRAPHIC print - D	OO NOT PROCESS	As Filed Data -				DLN: 93491134039338
Schedule B		Schedu	ule of Contributo	ors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	ibout Schedule B (F	tach to Form 990, 990-EZ, or 990-PF ule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990			2017
Name of the organizati		DN			Employer id	dentification number
Organization type (che	eck one)				20-2029087	
Organization type (one	or one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)() (enter number) c	organization			
	☐ 4947(a)(1	1) nonexempt chai	ritable trust not treated a	s a private founda	tion	
	☐ 527 politi	cal organization				
Form 990-PF	✓ 501(c)(3)	exempt private fo	undation			
	☐ 4947(a)(²	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	☐ 501(c)(3)	501(c)(3) taxable private foundation				
			PF that received, during somplete Parts I and II S			
Special Rules						
under sections 5 received from ar	509(a)(1) and 170(b)	(1)(A)(vi), that che uring the year, tota	g Form 990 or 990-EZ th cked Schedule A (Form al contributions of the gre plete Parts I and II	990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that
during the year,	total contributions of	f more than \$1,000	or (10) filing Form 990 of the control of the contr	, charitable, scient		
during the year, If this box is che purpose Don't o	contributions exclus cked, enter here the complete any of the p	ively for religious, total contributions parts unless the G	or (10) filing Form 990 of charitable, etc., purpose is that were received during eneral Rule applies to the or more during the year	s, but no such con ng the year for an ns organization be	tributions tota exclusively re cause it recei	aled more than \$1,000 eligious, charitable, etc, ived <i>nonexclusively</i>
990-EZ, or 990-PF), but	ıt must answer "No	on Part IV, line 2	ile and/or the Special Ru t, of its Form 990, or che at it doesn't meet the filing	ck the box on line	H of its	
For Paperwork Reduction A for Form 990, 990-EZ, or 99		ructions	Cat No 30613X	Schedu	ıle B (Form 990	0, 990-EZ, or 990-PF) (2017)

Name of organization JEFFREY S AND HELEN H CARDON FOUNDATION

Employer identification number

		20-202908	<u> </u>
Part I	Contributors (See Instructions) Use duplicate copies of Part I if additional space is need	•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	See Additional Data Table	s	Person Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contribution)

EFFREY S AN	ND HELEN H CARDON FOUNDATION		number
			20-2029087
Part II	Noncash Property (See Instructions) Use duplicate copies of Part II if additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
	See Additional Data Table	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		_ \$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
		4	—
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		_\$	_ -
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	(d) Date received
		\$	
			_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	e) (d) Date received
		<u>\$</u>	_
		Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Additional Data

Software ID:

Software Version:

EIN: 20-2029087

Name: JEFFREY S AND HELEN H CARDON FOUNDATION

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person 🗌
<u>1</u>	JEFF AND HELEN CARDON		Payroll \square
	1663 SOUTH DEVONSHIRE DRIVE	\$ 8,481	, 5
	SALT LAKE CITY, UT84108		Noncash 🗹
	SALI LAKE CITT, OTO-100		(Complete Part II for no contribution)
			Person 🗌
<u>2</u>	JEFF AND HELEN CARDON		Payroll \square
	1663 SOUTH DEVONSHIRE DRIVE	\$ 40,199	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
	SALT LAKE CITY, UT84108		Noncash 🗹
	SALI LAKE CITT, 0104100		(Complete Part II for no contribution)
			Person 🗌
<u>3</u>	JEFF AND HELEN CARDON		Payroll 🗌
	1663 SOUTH DEVONSHIRE DRIVE	\$ 66,928	_
	SALT LAKE CITY, UT84108		Noncash 🗹
	SALI LAKE CITT, 0104100		(Complete Part II for no contribution)
			Person 🗌
<u>4</u>	JEFF AND HELEN CARDON		Payroll 🗌
	1663 SOUTH DEVONSHIRE DRIVE	\$ 41,280	
	SALT LAKE CITY, UT84108		Noncash 🗹
	SALI LAKE CITT, 0104100		(Complete Part II for no contribution)
			Person 🗌
<u>5</u>	JEFF AND HELEN CARDON		Payroll \square
	1663 SOUTH DEVONSHIRE DRIVE	\$ 46,283	, –
	SALT LAKE CITY, UT84108		Noncash 🗹
	SALI LAKE CITT, OTO-100		(Complete Part II for no contribution)
			Person 🗌
<u>6</u>	JEFF AND HELEN CARDON		Payroll \square
	1663 SOUTH DEVONSHIRE DRIVE	\$ 28,930	, H
	SALT LAKE CITY, UT84108		Noncash 🗹
	JALI LANE CITT, 0104100		(Complete Part II for no contribution)

	B, Part I - Contributors (see Instructions) Use duplicate copies	<u> </u>	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person 🖂
<u>7</u>	JEFF AND HELEN CARDON		Payroll 🗍
	1663 SOUTH DEVONSHIRE DRIVE	\$ 37,270	Noncash 🗹
	SALT LAKE CITY, UT84108	_	
			(Complete Part II for noncash contribution)
			Person
<u>8</u>	JEFF AND HELEN CARDON		Payroll \square
	1663 SOUTH DEVONSHIRE DRIVE	\$ 112,266	Noncash 🗹
	SALT LAKE CITY, UT84108	_	
			(Complete Part II for noncash contribution)
_			Person
<u>9</u>	JEFF AND HELEN CARDON		Payroll 🗌
	1663 SOUTH DEVONSHIRE DRIVE	\$ 33,400	Noncash 🗹
	SALT LAKE CITY, UT84108		(Complete Part II for noncash
			contribution)
			Person 🔲
<u>10</u>	JEFF AND HELEN CARDON		Payroll 🗌
	1663 SOUTH DEVONSHIRE DRIVE	\$ 38,521	Noncash 🗹
	SALT LAKE CITY, UT84108		(Complete Part II for noncash
			contribution)
			Person 🗌
<u>11</u>	JEFF AND HELEN CARDON	_	Payroll 🗌
	1663 SOUTH DEVONSHIRE DRIVE	\$ 328,644	Noncash 🗹
	SALT LAKE CITY, UT84108		(Complete Part II for noncash
			contribution)
12			Person 🗌
<u>12</u>	JEFF AND HELEN CARDON 1663 SOUTH DEVONSHIRE DRIVE	_	Payroll 🗌
	1 1003 2001U DEAONZUIKE DKIAE	\$ 42,750	Noncash 🗹
	SALT LAKE CITY, UT84108		(Complete Part II for noncash
			contribution)

orm 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>13</u>	JEFF AND HELEN CARDON 1663 SOUTH DEVONSHIRE DRIVE SALT LAKE CITY, UT84108	\$ 47,665	Person Payroll Noncash (Complete Part II for noncash contribution)	
<u>14</u>	JEFF AND HELEN CARDON 1663 SOUTH DEVONSHIRE DRIVE SALT LAKE CITY, UT84108	\$ 42,774	Person	
<u>15</u>	JEFF AND HELEN CARDON 1663 SOUTH DEVONSHIRE DRIVE SALT LAKE CITY, UT84108	\$ 49,257	Person Payroll Moncash Complete Part II for noncash contribution	
<u>16</u>	JEFF AND HELEN CARDON 1663 SOUTH DEVONSHIRE DRIVE SALT LAKE CITY, UT84108	\$ 35,430	Person Payroll Noncash (Complete Part II for noncash contribution)	

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(c)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	8 SHARES OF ALPHABET INC	<u>\$ 8,481</u>	2017-12-27
2	555 SHARES OF ALTRIA GROUP INC	\$ 40,199	2017-12-27
<u>3</u>	940 SHARES OF COGNIZANT TECH SOLUTIONS	\$ 66,928	2017-12-27
4	385 SHARES OF JPMORGAN CHASE & CO	\$ 41,280	2017-12-27
<u>5</u>	540 SHARES OF MICROSOFT CORP	\$ 46,283	2017-12-27
<u>6</u>	80 SHARES OF NETEASE INC	\$ 28,930	2017-12-27
7	240 SHARES OF NEXTERA ENERGY INC	\$ 37,270	2017-12-27
<u>8</u>	1,100 SHARES OF PHILLIPS 66	<u>\$ 112,266</u>	2017-12-27
<u>9</u>	19 SHARES OF PRICELINE GROUP	\$ 33,400	2017-12-27
<u>10</u>	205 SHARES OF RAYTHEON COMPANY	\$ 38,521	2017-12-27

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II - Noncash Property (c) (a) (b) (d) FMV (or estimate) No. from Part I Description of noncash property given Date received (See instructions) 11 5,400 SHARES OF SYSCO CORPORATION \$ 328,644 2017-12-27 12 2017-12-27 1,349 SHARES OF TECHTRONIC INDUSTRY \$ 42,750 13 925 SHARES OF TENCENT HOLDINGS \$ 47,665 2017-12-27

<u>16</u>			2047 42 27
<u>15</u>	432 SHARES OF VISA INC	<u> </u>	2017-12-27
<u>14</u>	385 SHARES OF VARIAN MEDICAL SYSTEM	<u> </u>	2017-12-27

\$ 35,430

2017-12-27

150 SHARES OF 3M COMPANY